

Grace Dental Care Windlestone Road

Grace Dental Care -Windlestone Road

Inspection Report

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Overall summary

We carried out this unannounced inspection on 09 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection, due to concerns received, to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Grace Dental Care – Windlestone Road is in Billingham and provides NHS treatment and private treatment to adults and children.

Summary of findings

The premises are not accessible for people who use wheelchairs. Wheelchair users can be seen at the provider's sister practice. On street parking is available near the practice.

The dental team includes three dentists, one dental nurse, a part-time practice manager and two receptionists. The provider is currently recruiting another dental nurse. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Grace Dental Care – Windlestone Road is one of the partners.

During the inspection we spoke with both the partners, one of whom is a dentist, a dental nurse, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 5pm.

Our key findings were:

- The practice appeared clean and the building was well maintained. Clutter and disorganisation were apparent throughout.
- The provider did not have infection control procedures which reflected published guidance.
- Staff did not know how to deal with emergencies. Immediate action had to be taken to obtain medical oxygen. Emergency medicines were available but two items had past their use-by date.
- The systems to help them identify and manage risk to patients and staff were ineffective. Risks identified during the inspection include: fire, recruitment, Legionella, gas safety and electrical safety.
- The provider did not have suitable safeguarding processes and some staff were unaware of their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have thorough staff recruitment procedures.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt supported by the provider.
- There was a lack of oversight of the governance and management systems of the practice.
- The provider did not ask staff and patients for feedback about the services they provided.
- The provider's systems to deal with complaints positively and efficiently were not effective.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid

Summary of findings

response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017. In particular, ensure the practice is registered with the Health and Safety Executive for working with radiation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	Requirements notice	✗
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	Requirements notice	✗
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

The provider took immediate action to stop provision of patient care to address the risks identified.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had few systems to keep patients safe.

Systems to assure safeguarding of children, young people and adults who were vulnerable due to their circumstances were not apparent. The receptionist did not know what safeguarding referred to or whether they had training in this, and staff were unaware of the contact information for reporting and dealing with suspected abuse. The provider confirmed there was no safeguarding policy to give staff information about identifying, reporting and dealing with suspected abuse. Some members of staff had not received safeguarding training. We discussed the requirement to notify the CQC of any safeguarding referrals where the concerns were witnessed, as staff were not aware. Following the inspection, we were assured all members of the dental team would receive safeguarding training and information would be provided for the local safeguarding teams.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider did not have a whistleblowing policy.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not

used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider did not have a recruitment policy, and adequate procedures were not carried out to help them employ suitable staff. We looked at staff recruitment records. DBS checks had not been obtained, nor a suitable risk assessment documented, for four recent employees. Evidence of documentation was not available on-site and one of the partners confirmed they did not consistently obtain references, employment history, identification proof, evidence of qualification, GDC registration and indemnity prior to staff employment.

The practice occasionally used locum staff. Appropriate recruitment checks were not carried out for these members of staff.

Staff new to the practice did not receive a structured induction to ensure that they were familiar with the practice's protocols and risks. The practice manager told us they would introduce them to staff and show them around the practice but did not cover all aspects of induction such as fire, safeguarding, medical emergency drugs and equipment and radiation.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover; the provider did not have evidence of this. Following the inspection, we received evidence of staff' DBS information, GDC and indemnity.

The provider did not take sufficient measures to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. For example, the practice did not have a current gas safety certificate and the fixed wire electrical and compressor servicing were over-due. We were assured by the provider these issues would be addressed immediately.

The provider had not arranged a fire risk assessment for the premises, in line with the Regulatory Reform (Fire Safety) Order 2005 requirements. We saw there were fire extinguishers and fire detection systems throughout the

Are services safe?

building and fire exits were kept clear. Fire detection and firefighting equipment were regularly tested and serviced but this was not documented. The sterilisation room had a sticker “fire door, keep shut” and a sign “keep door closed” but the door was propped open by an amalgam waste container. After the inspection, the provider confirmed a fire risk assessment was arranged to be completed by an external company the following week.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. A radiation protection advisor had not been appointed by the practice, and there were no local rules for the X-ray machines. In addition, there was no evidence of a critical examination, acceptance test and maintenance certificates for X-ray machines. We were told the X-ray machine had recent had its annual electromechanical tests and we saw the certificate. The provider had not ensured that the practice was up to date with the three-yearly routine examinations of the X-ray equipment.

The provider was unsure whether they had registered with the Health and Safety Executive for the use of radiography. They assured us they would enquire about this.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider did not carry out radiography audits every year following current guidance and legislation.

We could not be assured that all clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The systems to assess, monitor and manage risks to patient safety require improvement.

The practice did not have health and safety policies, procedures and risk assessments in place to help manage potential risk. The provider had current employer’s liability insurance.

We looked at the practice’s arrangements for safe dental care and treatment. A safer needle system was in use, the staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the

vaccination to protect them against the Hepatitis B virus. Evidence of the effectiveness of the vaccination had not been checked for clinical members of staff prior to employment. The provider assured us they would seek this information or complete risk assessments for staff members to work where their immune statuses were unknown.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Staff were unaware of the location of the emergency equipment and medicines. We found doors labelled as containing emergency drugs and equipment but these were not located in those rooms. The box containing emergency drugs and the defibrillator was not easily accessible in event of an emergency.

Emergency drugs and equipment were not available as described in guidance. The medical oxygen cylinder was half full and had past its use by date. This was immediately replaced on the inspection day. The glucagon (for diabetic emergencies) had expired and we saw evidence a replacement was purchased the following day. We were shown adrenaline ampules (for severe allergic reactions) which had also expired. Following the inspection, we were told there was adrenaline which was in-date on the premises but this was not in the medical emergency kit. We were sent evidence of this.

We found staff did not check the practice’s medical emergency drugs and equipment regularly to make sure these were available, within their expiry date, and in working order. A log book was shown, but this was only completed for three weeks in June 2019.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider did not have any risk assessments for hazardous substances, to minimise the risk that can be caused from these to health in line with the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

The provider had infection prevention and control policy and procedures but these did not follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

Are services safe?

There was no appointed infection prevention and control lead to oversee the protocols in the practice. The provider could not be assured that all members of staff had completed infection prevention and control training and received updates as required. Staff were arriving to work in their dental uniforms rather than changing into these before and after clinic sessions.

The provider had some arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. There were suitable numbers of dental instruments available for the clinical staff. We saw single-use burs (instruments which are used to drill teeth) being reprocessed and this was confirmed by dental staff. Sterilised burs were kept in large stands and not reprocessed at the end of the working day in line with guidance. The dental nurses explained that the sterilisation room was separated into clean and dirty areas but there was no information for staff regarding this. Several clean instruments in the sterilisation room had past their expiry date and we were told these were no longer in use. There was no label to avoid accidental use of these instruments.

The cleaning detergent was not measured or temperature monitored in accordance with guidance.

An ultrasonic cleaner and an autoclave were used to clean and sterilise instruments. A magnifying light was available to inspect instruments but the dental nurse confirmed this was not in use.

The records showed the ultrasonic cleaner equipment was not subject to daily and weekly testing from July 2019 in line with the manufacturers' guidance. We saw evidence that the autoclave was tested regularly and serviced and validated annually.

Staff told us any work was disinfected prior to being sent to a dental laboratory and before treatment was completed. There were no systems to assure this.

A Legionella risk assessment had not been carried out to assess the risk and reduce the possibility of Legionella or other bacteria developing in the water systems of the premises. After the inspection, the provider confirmed a Legionella risk assessment was to be carried out by an external company the following week.

The practice was visibly clean but cluttered when we inspected. The practice had appointed an external cleaner who would occasionally work alone on the premises. A

lone-working policy and risk assessment were not in place to assess the risk to their safety. We saw cleaning equipment was limited to two mops and the provider could not be assured which were designated as for clinical use. A cleaning checklist was not apparent.

The provider had policies and procedures in place to ensure clinical waste was segregated appropriately in line with guidance. Storage of infectious clinical waste was on the floor in the sterilisation room. We saw one full orange bag that was not tied nor labelled. Sharps containers with used sharps were not locked. They were kept on the floor in the sterilisation room and in treatment rooms. These could all pose a safety hazard.

We found a full bag of general waste in the cleaner's storage cupboard.

The provider did not ensure that infection prevention and control (IPC) audits were completed.

Following the inspection, the provider took immediate action and sent us evidence that they had reviewed the guidance, and implemented recommended measures, in relation to infection prevention and control.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

Are services safe?

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored NHS prescriptions securely. There was a log held of the prescriptions and we discussed with the provider how the detail of this could be improved.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

Staff were aware of the need to monitor and review incidents and accidents, to understand risks and give a clear, accurate picture to make safety improvements.

In the previous 12 months there had been no safety incidents or accidents. The provider assured us that in the event of any incident or accident this would be discussed with the team for learning.

There was no system for receiving and acting on safety alerts. Staff were unaware of these and the provider assured us they would register and discuss these with the dental team.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

Where applicable, the dentists discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

A dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We were told the provider did not carry out audits of patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice were shown round and introduced to the team but there was no evidence of a structured induction programme for employed or locum staff. We were told that clinical staff completed the continuing professional development required for their registration with the General Dental Council however the provider had no systems to monitor this and there was no documentation to support this. Following the inspection, we were sent evidence of certificates for some staff members. We discussed a more effective system, such as a training matrix, would enable monitoring.

Staff discussed their training needs informally but they did not have appraisals.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Are services caring?

Our findings

We found that this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

We saw that staff were compassionate, understanding and kind when patients were in pain, distress or discomfort.

Practice information, price lists, health promotion resources and magazines were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

requirements under the Equality Act.

Staff did not know how to access interpretation and translation services for patients who did speak or understand English but these had never been required.

Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

A dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, study models and X-ray images of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this practice was not providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The provider explained the support available to more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The provider had not assessed the needs of all patient groups, such as by a disability access assessment. The layout of the premises limited the adjustments that could be made as the treatment rooms were on the first floor, with entry via the ground floor. The provider has a sister practice close by, which is accessible to those with wheelchairs and pushchairs. Staff advise patients of the stairs and provide details of the sister practice to patients where relevant.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgeries.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested urgent advice or care were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider did not respond to complaints or concerns appropriately and there were no systems in place to support staff in complaints handling.

The provider did not have a policy providing guidance to staff on how to handle a complaint and did not have information for patients readily available, in line with GDC standards for the dental team. The practice information leaflet explained patients could complain if they were dissatisfied with their care.

The provider was responsible for dealing with these. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider told us they had received one complaint since 2018. We viewed the complaint and discussed how it had been responded to. We were told they attempted to contact the patient by phone without luck. They did not reply to the complaint using the postal address provided and we explained the importance of doing so, as well as learning from this as a dental team.

When compliments about the service were received, these were shared with staff.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider had taken over the dental practice about a year prior to this inspection, and had a high turnover of staff until recently. They also have other dental practices in the region and have appointed an existing practice manager from another site to oversee the management and governance of this site. Action is needed to ensure the provider addresses the risks to the practice and identify roles and responsibilities to deliver the practice strategy.

We found the provider, practice manager and staff were all responsive to the concerns identified during the inspection. For example, they responded immediately to urgent concerns raised and provided evidence that these had been addressed. The provider was open to discussion and feedback and understood that management and governance systems required improvement.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients.

The provider did not have embedded systems to identify and deal with staff poor performance.

Staff commented they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The practice needed to ensure there were clear responsibilities, roles and systems of accountability to support good governance and management.

One of the partners had overall responsibility for the management and clinical leadership of the practice and

they, together with the newly appointed practice manager, were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

An effective system of clinical governance was not apparent – there were few policies, protocols and procedures within the practice for staff.

Clear and effective risk management systems were not in place to identify and manage risks, issues and performance. These include risks in Legionella, safeguarding of children and vulnerable adults, recruitment, training, medical emergency provision, electrical and gas servicing, equipment maintenance, infection prevention and control, radiography, complaints, fire and hazardous substances.

Staff meetings were not held to enable systems to be embedded into the practice.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider did not engage effectively with patients or staff to obtain patients' views about the service. We discussed whether staff encouraged NHS patients to complete the NHS Friends and Family Test (FFT); they did not. We were told patient surveys were not carried out and we saw a patients comments box was on the floor in the stock room.

The provider gathered feedback from staff through informal discussions.

Continuous improvement and innovation

There were no systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The provider did not have quality assurance processes to encourage learning and continuous improvement, such as audit cycles.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Appraisals to discuss learning needs, general wellbeing and aims for future professional development were not carried out for staff.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards but there was no evidence of this held by the provider. This included undertaking medical emergencies and basic life support training annually. The provider had no systems to monitor, supported and encourage staff to complete CPD.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• A fire risk assessment had not been carried out in line with the Regulatory Reform (Fire Safety) Order 2005.• A general practice risk assessment had not been completed to assess health and safety risks to service users. <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Infection prevention and control was not reflective of the guidance within HTM01-05.• Clinical waste was not stored securely.• Staff did not receive safeguarding training, and were not knowledgeable about safeguarding, in accordance with national recommendations. Policies and protocols for dealing with safeguarding were not in place. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• A legionella risk assessment had not been completed in line with the Health and Safety at Work Act 1974. <p>Regulation 12(1)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered person had failed to ensure that all equipment used by the service was properly maintained. In particular

- They had not completed any daily, weekly or annual tests for the ultrasonic cleaner in line with HTM01-05.
- They had failed to recognise the compressor service was overdue by a year.
- X-ray equipment had not been subject to routine testing by the registered person, and they were unsure when the practice's X-ray equipment was due its three yearly maintenance service.
- The registered person did not ensure an annual gas safety check was carried out for the boiler.

Regulation 15(1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person had failed to ensure that any complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. In particular, a complaint received in relation to dental treatment was not responded to appropriately, nor resolved. There was no system in place to ensure learning from the complaint was shared with the dental team.

Regulation 16(1)

Regulated activity

Regulation

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Systems were not in place to ensure the suitability or safety of radiography in the practice in line with Ionising Radiation (Medical Exposure) Regulations 2017 and Ionising Radiation Regulations 2017. In particular, a radiation protection advisor had not been appointed, there were no radiation protection supervisor assigned, local rules were not created, and the practice was unsure whether they had registered with the Health and Safety Executive.
- The registered person did not have systems in place to ensure that emergency equipment and medicines were available as described in guidance from the Resuscitation Council (UK), British National Formulary and General Dental Council standards.
- There were no systems in place to ensure the management and governance of the dental practice was embedded. Practice meetings were not organised for staff and there were insufficient policies and protocols for staff and patients to refer to. For example, there were no complaints, infection prevention and control, recruitment, safeguarding and whistleblowing policies.
- The systems to assess, monitor and manage risks in relation to fire, electrical installation, infection prevention and control, hazardous substances, Legionella, lone working require improvement.
- The registered person did not have systems in place to ensure that staff new to the practice underwent a structured induction programme.

Requirement notices

- There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.
- The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular, they failed to maintain records for staff recruitment and training.
- There were no systems of quality assurance processes to improve the quality of the service. In particular, audits were not carried out for radiography and infection prevention and control.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Appraisals were not carried out for staff to assess their training and development.
- There was a lack of oversight of staff training, for example in fire safety, infection prevention and control, and safeguarding of vulnerable adults and children.

This section is primarily information for the provider

Requirement notices

Regulation 18 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: they did not ensure potential employees had the necessary qualifications, competence, skills and experience before starting work. In addition, they failed to undertake identity proof and checks of criminal records.

Regulation 19 (1)